

_____ Civil
_____ Criminal _____ Incarcerated _____ On Supervised Release _____ Neither

United States Department of Justice
Office of the United States Attorney
Western District of Washington

Financial Statement of Debtor
(Submitted for Government Action on Claims
Due the United States of America)

Authority for the solicitation of the requested information is one or more of the following 5 U.S.C. 301, 901 (see Note, Executive Order 6166, June 10, 1993); 28 U.S.C. 501, *et. seq.*; 31 U.S.C. 951, *et. seq.*; 44 U.S.C. 3101; 4 C.F.R. 101, *et. seq.*; 28 C.F.R. 0.160.0.171 and Appendix to Subpart Y. Fed. R. Civ. P. 33(a), 28 U.S.C. 1651, 3201, *et. seq.*

The principal purpose for gathering this information is to evaluate your ability to pay the Government's claim or judgment against you. Routine uses of the information are established in the following U.S. Department of Justice Case File System published in Vol. 42 of the Federal Register, Justice/CTV-001 at page 5332 Justice/TAX-001 at page 15347; Justice/USA-005 at pages 53406-53407; Justice/USA-007 at pages 53408-53410, Justice/CRIM-016 at page 12774. Disclosure of information is voluntary. If the requested information is not furnished, the U.S. Department of Justice has the right to such disclosure of the information by legal means.

NOTE: Use additional sheets where space on this form is insufficient or continue on reverse side of form if additional space is needed.

I. BACKGROUND INFORMATION

1. Name: _____ Maiden Name: _____

2. Other Names Used: _____

3. Birth Date (Month/Day/Year): _____

4. Social Security Number: _____

5. Driver License Number: _____

Indicate the State where your driver license was issued: _____

6. Education: ☐ Less than 12 Years ☐ High School Diploma, GED, or Equivalent
☐ Vocational School ☐ Junior College _____ Years Attended
☐ University __ Years Attended ☐ Post Graduate Education _____ Years Attended
Degrees Earned: _____

Professional Licenses Obtained:

Type: _____ Expiration Date: _____

7. Home Address: _____

City: _____ State: _____ Zip: _____

8. Home Phone #: _____ Cellular Phone #: _____

9. Do you plan to move from your current address within the next six months? ☐ Yes ☐ No

If Yes, indicate the date you plan to move: _____

List your future address, if known: _____

Address _____

City _____

State _____

Zip _____

10. Father's Name: _____

11. Father's Address: _____

City: _____ State: _____ Zip: _____

12. Father's Phone #: _____

13. Mother's Name: _____

14. Mother's Address: _____

City: _____ State: _____ Zip: _____

15. Mother's Phone #: _____

16. Current Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Legally Separated

If Married, Answer All Questions Related to Your Spouse.

17. Spouse's Name: _____ Maiden Name: _____

18. Spouse's Birth Date: (Month/Day/Year): _____

19. Spouse's Social Security #: _____

20. Spouse's Drivers License #: _____

21. Spouse's Address, if different from your own: _____

City: _____ State: _____ Zip: _____

22. List Dependents (include step-children, foster children, and children from previous marriages):

Name of Dependant

Social Security Number

Relationship

Date of Birth

II. EMPLOYMENT INFORMATION

1. Do You Own a Business? ☐ Yes ☐ No If Yes, answer questions 2 - 6.

2. Name of Business: _____

3. Business Address: _____

City: _____ State: _____ Zip: _____

4. Business Phone #: _____ Business Cellular Phone #: _____

5. Percent Ownership of Business: _____

6. How long have you owned this business? _____

7. Are you currently employed? ☐ Yes ☐ No If Yes, answer questions 8 - 12.

8. Job Title: _____

9. Name of Employer: _____

10. Employer's Address: _____

City: _____ State: _____ Zip: _____

11. Business Phone #: _____

12. Years With This Employer: _____ Date Employment Commenced: _____

13. List all previous employment for the last three years:

Employer Name	Employer Address	Employer Phone Number	Dates of Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Are you a member of a union? ☐ Yes ☐ No If Yes, answer question 15 - 16

15. Name of Union: _____

16. Years of Membership: _____

17. Are you currently an active member of the Armed Forces, including National Guard, Coast Guard, or Reserves?

☐ Yes _____
Branch Rank Grade

☐ No

18. Does your spouse own a business? ☐ Yes ☐ No If Yes, Answer Questions 19 - 23

19. Name of Spouse's Business: _____

20. Spouse's Business Address: _____

City: _____ State: _____ Zip: _____

21. Spouse's Business Phone #: _____ Business Cellular Phone #: _____

22. Spouse's Percent Ownership of Business: _____

23. How Long Has Your Spouse Owned This Business? _____

24. Is Your Spouse Currently Employed? ☐ Yes ☐ No If Yes, Answer Questions 25 - 28.

25. Spouse's Job Title: _____

26. Name of Spouse's Employer: _____

27. Spouse's Employer's Address: _____

City: _____ State: _____ Zip: _____

28. Spouse's Business Phone #: _____

III. INCOME

If You Are Unemployed, Skip To Question 6:

	<i>Monthly</i>	<i>Yearly</i>
1. Gross Income from your business:	_____	_____
2. Net Income from your business:	_____	_____
* If you own your own business please attach your <u>ANNUAL PROFIT AND LOSS STATEMENT</u>		

3. Gross Income from your spouses business:	_____	_____
4. Net Income from your spouses business:	_____	_____
* If your spouse owns their own business please attach their <u>ANNUAL PROFIT AND LOSS STATEMENT</u>		

5. Monthly Salary From Your Employment:

Gross Monthly Salary		
Deductions		
• Federal Income Tax Withholding.....		
• Social Security (FICA) & Medicare Withholding.....		
• Health Insurance		
• Life Insurance.....		
• Mandatory Pension Plan		
• Voluntary Retirement Plan (IRA, 401(k), etc.)		
• Other (describe)		
• Other (describe)		
Total Deductions		
Net Monthly Salary (Gross Monthly Salary minus Total Deductions		

6. Monthly Salary From Your Spouses Employment:

Gross Monthly Salary		
Deductions		
• Federal Income Tax Withholding.....		

• Social Security (FICA) & Medicare Withholding.....		
• Health Insurance.....		
• Life Insurance.....		
• Mandatory Pension Plan.....		
• Voluntary Retirement Plan (IRA, 401(k), etc.).....		
• Other (describe).....		
• Other (describe).....		
Total Deductions		
Net Monthly Salary (Gross Monthly Salary minus Total Deductions		

If You Are Employed, Skip To Question 10:

7. Do you receive unemployment benefits? ☐ Yes ☐ No

If Yes, how many weeks of eligibility do you have remaining: _____

If No, have you applied for unemployment benefits? ☐ Yes ☐ No

8. Do you have a job that you expect to take in the future? ☐ Yes ☐ No

If Yes, provide the anticipated start date of employment, and the name, address, and telephone number of that employer:

Start Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

9. From what additional sources do you receive money to support yourself if you are unemployed?

ADDITIONAL SOURCES OF INCOME:

	<i>Monthly</i>	<i>Yearly</i>
10. Bonus Income	_____	_____
11. Rental Income:	_____	_____
12. Interest Income:	_____	_____
13. Dividend Income:	_____	_____
14. Income From Relatives:	_____	_____
15. Alimony and/or Child Support Received:	_____	_____
16. AFDC and/or Food Stamps:	_____	_____
17. Pension, Retirement, Social Security, Profit-Sharing Plan income received now and anticipated to receive over the next 12 months:	_____	_____
Date to begin receiving in the future: _____		
18. Disability Insurance Income Received:	_____	_____
19. Other Periodic Income, such as Rebates, Lottery Winnings, Tax Refunds, Royalties, User Fees, etc., Provide Details Below:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
20. TOTAL INCOME FROM ALL SOURCES:	_____	_____

IV. MONTHLY EXPENSES

1. Housing		
• Rent or Home Mortgage Payment	\$	
• Home Maintenance or Repairs	\$	
• Other (describe here)	\$	
Total Housing		\$
2. Utilities		
• Electricity, gas and home heating fuel	\$	
• Water and Sewer	\$	
• Home Telephone	\$	
• Cellular Telephone.....	\$	
• Internet Access.....	\$	
• Cable Television	\$	
• Other (describe here))	\$	
Total Utilities		\$
3. Insurance (not deducted from wages or mortgage payment)		
• Life Insurance	\$	
• Health Insurance	\$	
• Homeowner's or Renter's Insurance	\$	
• Car Insurance	\$	
• Other (describe here))	\$	
Total Insurance		\$
4. Transportation		
• Car Payment	\$	
• Gas	\$	
• Routine Maintenance	\$	
• Other (describe here))	\$	
Total Transportation		\$
5. Food		

• Groceries	\$	
• Restaurant Meals	\$	
• Other (describe here.....)	\$	
Total Food		\$
6. Personal Care		
• Clothing	\$	
• Laundry and Dry Cleaning	\$	
• Other (describe here.....)	\$	
Total Personal Care		\$
7. Dependants		
• Child Care / Day Care	\$	
• Tuition	\$	
• Child Support/Alimony.....	\$	
• Other (describe here.....)	\$	
Total Dependant Expenses		\$
8. Medical and Dental Expenses (not covered by insurance)		\$
9. Total Charitable Contributions		\$
10. Total Recreational and Entertainment Expenses		\$
11. Personal Legal and Accounting Services		\$
12. Monthly Creditor Payments (Student Loans, Credit Cards, and Other General Debts Paid Monthly)		
List Creditors Below:		
•	\$	
•	\$	
•	\$	
•	\$	
•	\$	
•	\$	
Total Creditor Monthly Expenses		\$
TOTAL MONTHLY EXPENSES		\$

V. ASSETS

1. Real Property (list each piece of property separately):				Current Value	Current Equity
<div style="display: flex; justify-content: space-between;"> _____ _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Address City State Zip </div>				\$ _____	\$ _____
<div style="display: flex; justify-content: space-between;"> _____ _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Address City State Zip </div>				\$ _____	\$ _____
<div style="display: flex; justify-content: space-between;"> _____ _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Address City State Zip </div>				\$ _____	\$ _____

2. If any of the real property listed above is encumbered by any type of lien or mortgage, then list:

a. Description of Property: _____

b. Nature of Encumbrance: _____

c. Date of Encumbrance: _____

d. Amount of Encumbrance: _____

e. Name and Address of Encumbrance Holder: _____

3. Motor Vehicles, Aircraft and Water Vessels (list each separately):				Current Value	Current Equity
<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Make Model Year </div>				\$ _____	\$ _____
<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Make Model Year </div>				\$ _____	\$ _____
<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Make Model Year </div>				\$ _____	\$ _____
<div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Make Model Year </div>				\$ _____	\$ _____

4. Personal Checking Account Holder	Name of Financial Institution	Account Number	Account Balance
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____

5. Personal Savings Account Holder	Name of Financial Institution	Account Number	Account Balance
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
6. Business Checking Account Holder	Name of Financial Institution	Account Number	Account Balance
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
7. Business Savings Account Holder	Name of Financial Institution	Account Number	Account Balance
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
8. Retirement Accounts and Pensions (including IRAs, ERISA, Keogh, etc)	Name of Financial Institution	Account Number	Current Balance
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
9. Annuities	Name of Financial Institution	Account Number	Current Balance
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
10. Certificates of Deposit	Name of Financial Institution	Account Number	Current Balance
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____

11. Stocks, Bonds, or Other Sureties	Name of Financial Institution	Account Number	Current Balance
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
12. Cash Surrender Value of Insurance Policies	Name of Financial Institution	Account Number	Current Balance
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
13. Other Personal or Business Monetary Investments	Name of Financial Institution	Account Number	Current Balance
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
14. Other Personal or Business Accounts	Name of Financial Institution	Account Number	Current Balance
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
_____	_____	# _____	\$ _____
15. Safe Deposit Box Location	Co-Owners	Contents	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
16. Money, or other asset, held by someone else on your behalf:			Value
_____			\$ _____
_____			\$ _____
_____			\$ _____
17. Anticipated Inheritance			Value
			\$ _____
18. Lawsuit in which you might receive something of value			Value
			\$ _____

19. Alimony, maintenance, support, and property settlements to which you may be entitled:	Value \$ _____
20. Books, art objects, antiques, stamp or coin collections, and any other collectible:	Current Value: \$ _____
21. Firearms, sporting goods, and other hobby equipment:	Current Value: \$ _____
22. Television sets, video cassette recorders, DVD players, computers, CD players, video cameras, photographic equipment and any other electronic devices:	Current Value: \$ _____
23. Wearing apparel, furs and jewelry:	Current Value: \$ _____
24. Tools	Current Value: \$ _____
25. Home Furnishings:	Current Value: \$ _____
26. Office Equipment, furnishing and supplies:	Current Value: \$ _____
27. Farming equipment and implements, animals, crops, supplies, chemicals, feed, etc.:	Current Value: \$ _____

VI. LIABILITIES

1. Credit Cards <div style="text-align: center;">Creditor</div> <hr/> <hr/> <hr/> <hr/>	<div style="text-align: center;">Type of Loan</div> <hr/> <hr/> <hr/> <hr/>	<div style="text-align: center;">Current Balance</div> <div style="text-align: right;">\$</div> <hr/> <div style="text-align: right;">\$</div> <hr/> <div style="text-align: right;">\$</div> <hr/> <div style="text-align: right;">\$</div> <hr/>
2. Other Loans <div style="text-align: center;">Creditor</div> <hr/> <hr/> <hr/> <hr/>	<div style="text-align: center;">Type of Loan</div> <hr/> <hr/> <hr/> <hr/>	<div style="text-align: center;">Current Balance</div> <div style="text-align: right;">\$</div> <hr/> <div style="text-align: right;">\$</div> <hr/> <div style="text-align: right;">\$</div> <hr/> <div style="text-align: right;">\$</div> <hr/>
3. Anticipated money owed in a pending judgment or claim, describe: <hr/> <hr/> <hr/> <hr/> <hr/>		<div style="text-align: center;">Current Balance</div> <div style="text-align: right;">\$</div> <hr/> <hr/> <hr/> <hr/> <hr/>
4. Other liabilities, describe: <hr/> <hr/> <hr/> <hr/> <hr/>		<div style="text-align: center;">Current Balance</div> <div style="text-align: right;">\$</div> <hr/> <hr/> <hr/> <hr/> <hr/>

VII. ADDITIONAL INFORMATION

1. If you currently rent the premises where you live, indicate the name and address of your landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

2. If you neither own, nor rent your residence, then state the name of the owner of the property in which you live and the arrangement by which you occupy the premises without payment.

3. Indicate the date your last tax return was filed: _____

4. Do you anticipate receiving an income tax refund this year? ☐ Yes ☐ No

If Yes, provide the approximate amount you expect to receive: \$ _____

5. List All Transfers of Property of \$1000.00 or more, including cash (by loans, gifts, sales, etc.) that you have made within the last six years:

Date	Amount	Property Transferred	To Whom
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Are you a Trustee, Executor, Beneficiary, or Administrator under any will or testament, insurance policy, or trust agreement? ☐ Yes ☐ No

If Yes, provide details: _____

7. Are you affiliated with a Partnership or Joint Venture? ☐ Yes ☐ No

If yes, provide details:

Partnership or Joint Venture Name: _____

Address: _____

Date Created: _____

Current Capital Balance: _____

Partners/Associates:	Ownership Percentage	Income Sharing Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Attach a Copy of Your Last Filed Income Tax Return

VIII. VERIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING:

WITH THE KNOWLEDGE OF THE PENALTIES FOR FALSE STATEMENTS PROVIDED BY 18 UNITED STATES CODE SECTION 1001 (FINE AND/OR UP TO FIVE YEARS IMPRISONMENT) AND WITH KNOWLEDGE THAT THIS FINANCIAL STATEMENT IS SUBMITTED BY ME TO AFFECT ACTION BY THE UNITED STATES DEPARTMENT OF JUSTICE, I HEREBY CERTIFY THAT THE ABOVE STATEMENT IS TRUE AND THAT IT IS A COMPLETE STATEMENT OF ALL MY INCOME AND ASSETS, REAL AND PERSONAL, WHETHER HELD IN MY NAME OR BY ANY OTHER.

Signature

Date

If you were assisted by someone in filling out this financial statement please state name and relationship, and have the person sign below.

Name: _____

Relationship: _____

Signature: _____

Date: _____

PROPOSAL OF PAYMENT

I _____ PROPOSE TO PAY MY DEBT IN MONTHLY
First Name Last Name

INSTALLMENTS OF \$ _____ PER MONTH BEGINNING _____
Amount Month/Day/Year

WITH AN IMMEDIATE PAYMENT OF \$ _____.
Amount

Signature

Date



U.S. Department of Justice

United States Attorney

Western District of Washington

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

In connection with the financial investigation being conducted by the United States Attorney's Office, I

FULL NAME PRINTED

hereby authorizes any authorized representative of the United States Attorney bearing this release or copy thereof, within one year of its date, to obtain any information in your files pertaining to employment, military, credit, education, or business records, including, but not limited to, attendance, licensing, disciplinary, credit, medical, financial, city, state, and federal tax records, returns and supporting documentation, bank records, and/or records maintained by any city, state, and/or federal agency. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that information will be used in connection with the consideration of my liability on a debt claimed by the United States and financial ability to pay said debt. Information will be disseminated only to those individuals and agencies directly involved in this determination or to fulfill other obligations imposed by law, regulation, presidential directive or executive order.

I hereby release you, as the custodian of such records, the school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business establishment, insurance company, or public agency, including officers, directors, employees, or related personnel, both individually or collectively, from any liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below:

Signature

Date

Print Full Name

Social Security Number

Date of Birth

Resident Street Address, City, State, Zip Code

Area Code - Phone Number

REQUEST FOR RELEASE OF TAX RETURNS
FORM 1040

TO: Internal Revenue Service
Disclosure Office
915 Second Avenue, M/S 625
Seattle, WA 98104

You are hereby authorized and directed to provide copies of the available Income Tax returns for the years 1999 through 2002 to:

ANASTASIA D. BARTLETT
Assistant United States Attorney
ATTN: Financial Litigation Unit
601 Union Street, Suite 5100
Seattle, WA 98101-3903

TAXPAYER: _____

SOCIAL SECURITY NUMBER: _____

Authorization dated _____ day of _____, 2003.

Signature of Tax Payer